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# Stakeholder Survey Results Regarding Rhode Island's No Wrong Door (NWD) Strategy and Phase I Implementation Activities

January 2021

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# Overview and Background

## Background:

- The Executive Office of Health and Human Services (EOHHS) released a web-based survey to stakeholders in December 2020 to obtain feedback regarding Rhode Island's No Wrong Door (NWD) System Three Phase Strategic Plan and Phase I implementation activities (To be completed by June 2021).
- Materials describing Rhode Island's No Wrong Door System Three Phase Strategic Plan and Phase I implementation activities are posted on the [LTSS No Wrong Door page on the EOHHS website](#).

## Survey Results Overview:

- **Total Survey Questions:** 15
- **Stakeholders that Received this Survey:** Consumers, family members, caregivers, state agency staff, NWD partners, direct service providers, and other interested parties.
- **Total Survey Responses:** 81
  - Complete survey responses: 40
  - Partially complete survey responses: 41
- **# of Participating Organizations:** 38
- **Total Comments Received:** ≈ 80 comments across 3 questions regarding challenges, opportunities for improvement and other feedback.

# Survey Questions

## Section I: General Information

1. Name
2. Email address
3. What is your role in LTSS?
4. Organization name
5. Population(s)
6. Did you participate or listen to one of EOHHS's virtual community meetings regarding NWD/PCOC on December 15/16, 2020?
7. Did you review any of the materials posted by EOHHS regarding Rhode Island's No Wrong Door System Three Phase Strategic Plan and PCOC?

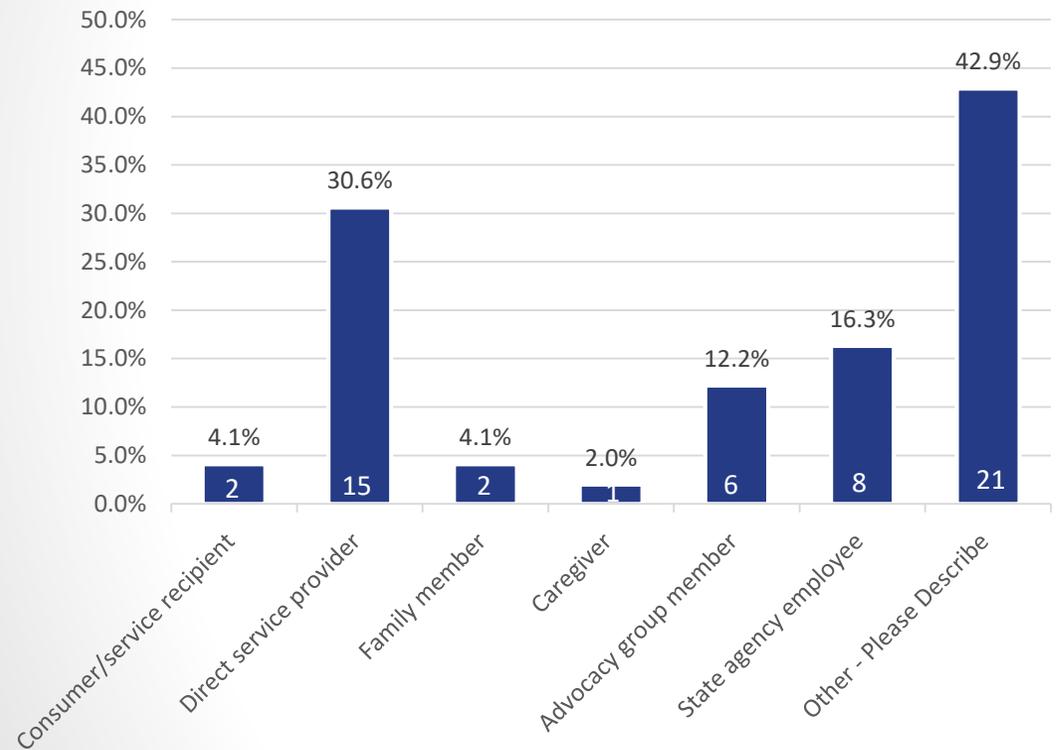
## Section II: Rhode Island's Phase I Implementation Activities

8. I understand Rhode Island's Phase I (pre-eligibility and access) implementation strategy and related goals. *(Level of agreement)*
9. Rhode Island's Phase I (pre-eligibility and access) implementation strategy will better support consumers to make informed decisions about their LTSS options. *(Level of agreement)*
10. I understand the goals and objectives of Rhode Island's PCOC program. *(Level of agreement)*
11. I understand the difference between these four activities: I,R,&A; I&S; PCOC; PC/CFCM. *(Level of agreement)*
12. PCOC should be required before a consumer can apply for Medicaid LTSS. *(Level of agreement)*
13. What are Rhode Island's biggest challenges in implementing Phase I activities (e.g., PCOC, marketing and outreach, application materials, etc.)? *(Free text)*
14. How would you improve Rhode Island Phase I (pre-eligibility and access) implementation strategy and related activities to improve consumer access to LTSS resources and services? *(Free text)*
15. Is there anything else you would like to tell us that was not covered in this survey? *(Free text)*

# Survey Respondent Background (Qs 3 & 5)

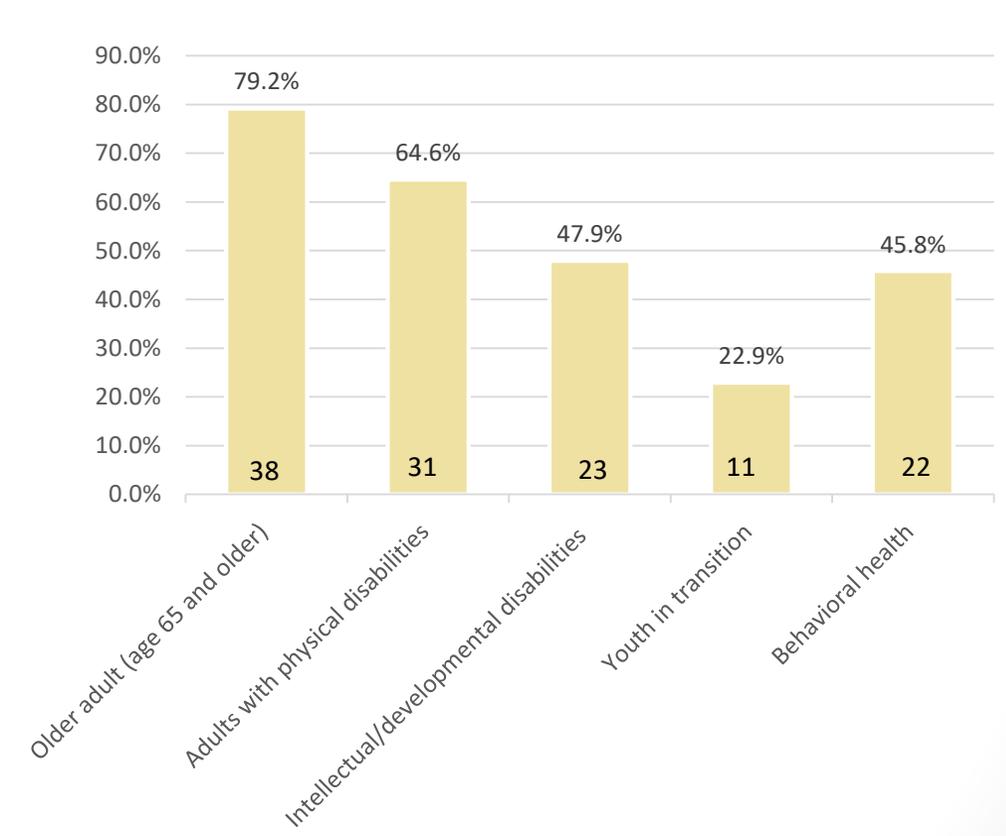
The majority of survey respondents are direct service providers and work with older adults, adults with disabilities, and individuals with intellectual/developmental disabilities.

**3** What is your role in LTSS? (Select all the apply)\*



*“Other” Responses Include:* Case manager, Accountable entity, Community partner, Administration, Compliance officer, Housing service coordinator, Peer supporter, Trade association leader, Community health worker, Non-profit info and resource provider, Medical provider, Quality improvement/care transitions coalitions, & Referral source

**5** What populations do you work with? (Select all the apply)\*



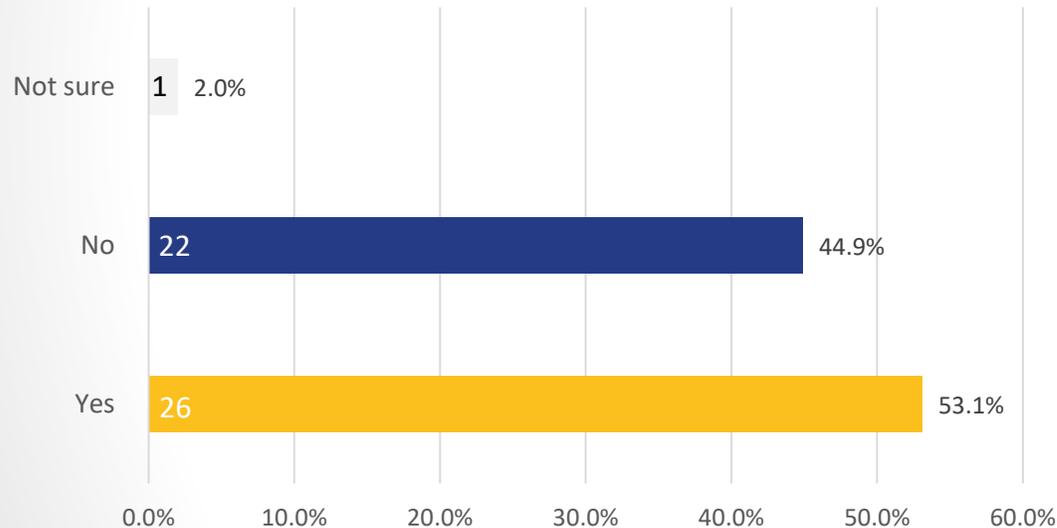
**Note:** \*Percentages do not sum to 100% as respondents could choose multiple responses.

# Stakeholder Engagement Participation (Qs 6 & 7)

The majority of survey respondents reviewed EOHHS provided materials regarding this initiative prior to completing this survey.

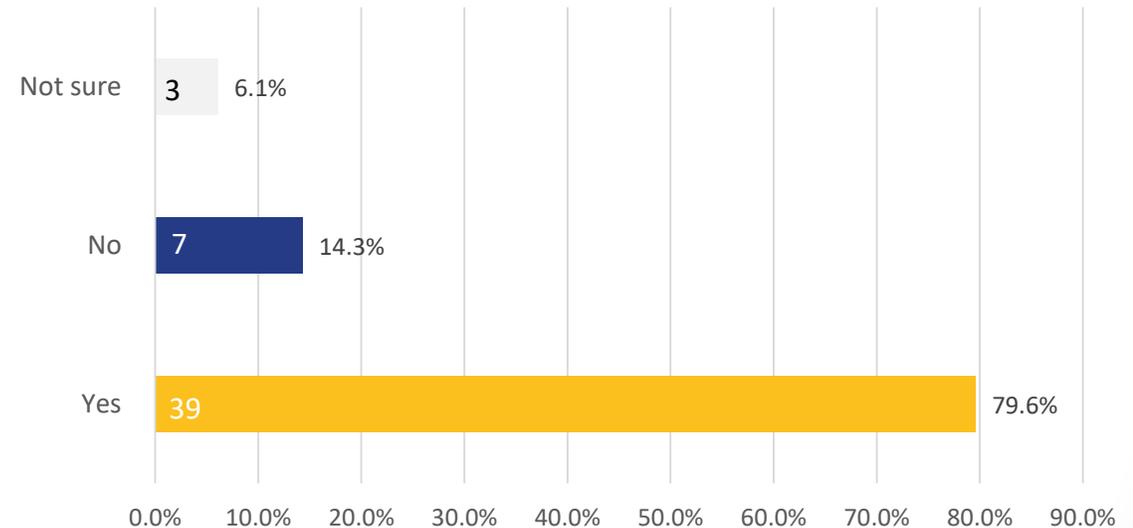
6

*Did you participate or listen to one of EOHHS's virtual community meetings regarding NWD/PCOC on December 15/16, 2020? (N=49)*



7

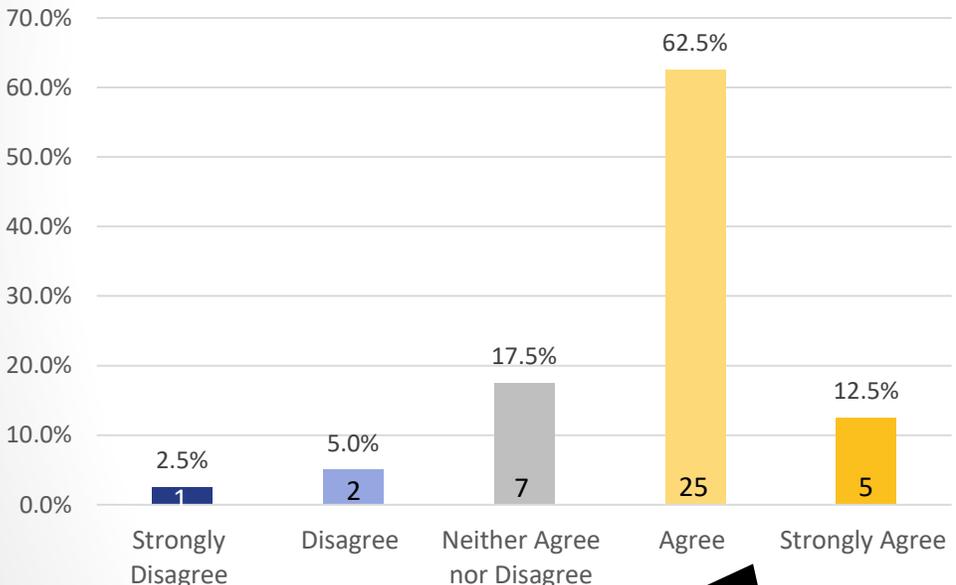
*Did you review any of the materials posted by EOHHS regarding Rhode Island's No Wrong Door System Three Phase Strategic Plan and PCOC? (N=49)*



# Understanding of RI's Approach and Strategy (Qs 8 & 9)

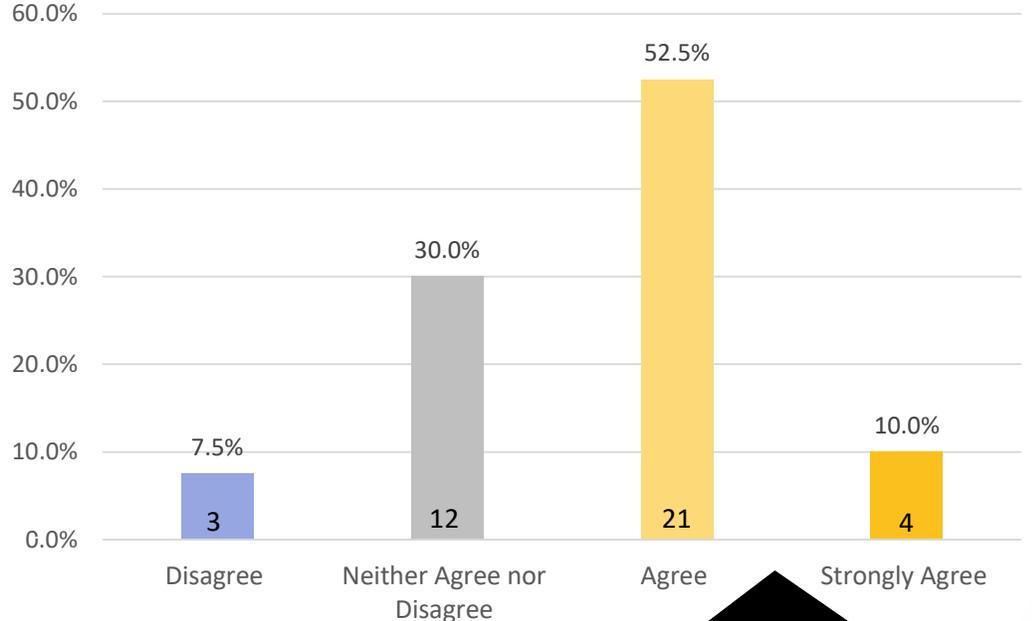
The majority of survey respondents understand and support RI's Phase I implementation strategy and related goals.

**8** *I understand Rhode Island's Phase I (pre-eligibility and access) implementation strategy and related goals. (N=40)*



**75%** of respondents agreed that they understood RI's Phase I implementation strategy and goals.

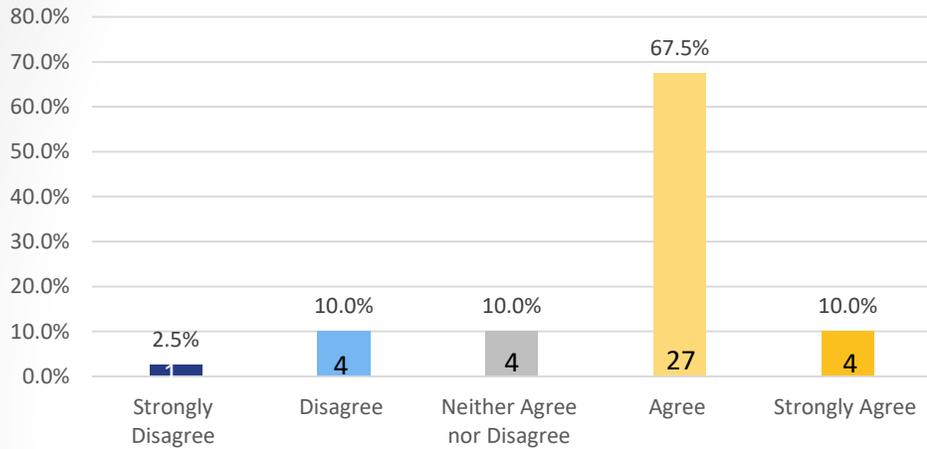
**9** *Rhode Island's Phase I (pre-eligibility and access) implementation strategy will better support consumers to make informed decisions about their LTSS options. (N=40)*



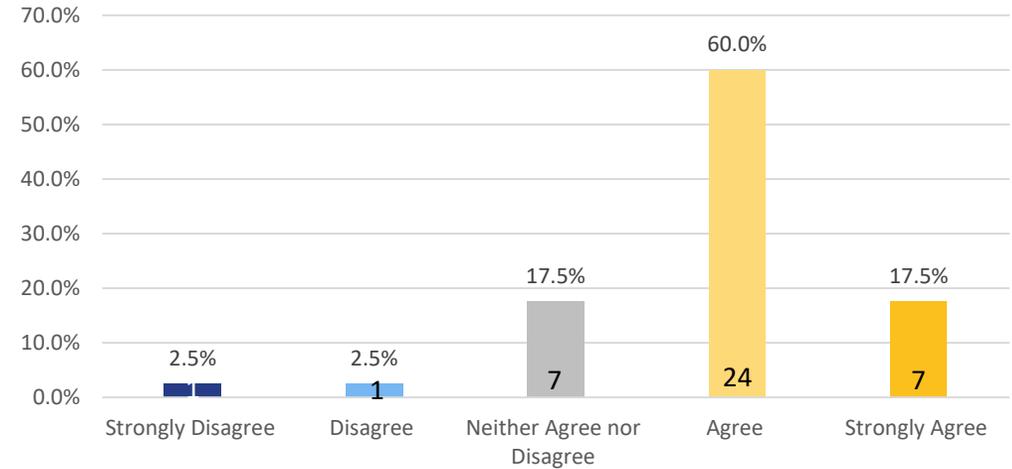
**62.5%** of respondents agreed that RI's Phase I implementation strategy will better support consumers in making informed LTSS decisions.

# PCOC Goals and Requirements (Qs 10-12)

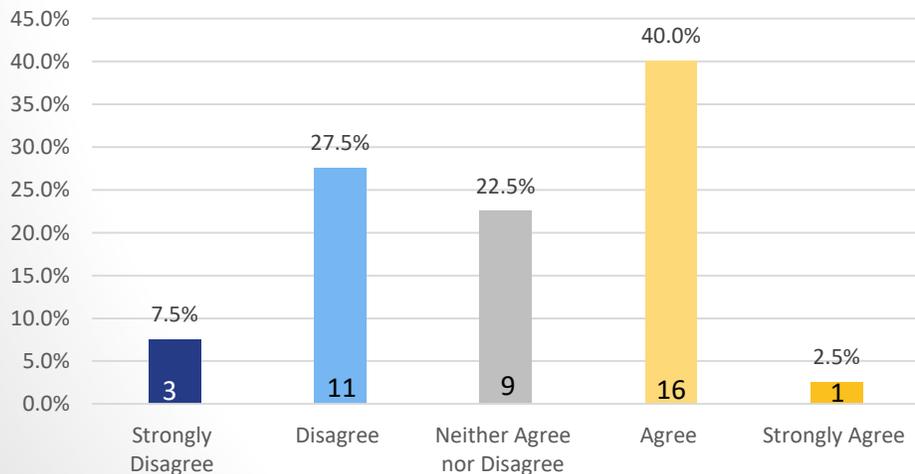
**10** I understand the goals and objectives of Rhode Island's PCOC program. (N=40)



**11** I understand the difference between these four activities: I,R,&A; I&S; PCOC; PC/CFCM. (N=40)



**12** PCOC should be required before a consumer can apply for Medicaid LTSS. (N=40)



**The majority of survey respondents understand the PCOC program; however, survey respondents indicated mixed support for requiring PCOC prior to applying for Medicaid LTSS.**

- **77.5%** of respondents indicate understanding of PCOC program objectives and the differences between the core NWD activities.
- **42.5%** of respondents believe that PCOC should be required before a consumer can apply for Medicaid LTSS.

# Key Challenges (Q 13)

**13** What are Rhode Island's biggest challenges in implementing Phase I activities (e.g., PCOC, marketing and outreach, application materials, etc.)? (N=34)

## Key Themes

<b>1</b>	<b>Accessible Consumer Education &amp; Outreach</b>	<ul style="list-style-type: none"><li>• "Outreach and marketing are the biggest challenges as consumers and families do not know what's available. Also, many discharge planners and social workers are uninformed of these programs as well"</li><li>• "Marketing so general population as well as people already receiving LTSS ...know how they can use PCOC at critical junctures"</li></ul>
<b>2</b>	<b>Provider Buy-In, Training, &amp; Coordination</b>	<ul style="list-style-type: none"><li>• "Ensuring all community partners are aware of PCOC and know how to coordinate with each other"</li><li>• "Provider buy in. For aging population the system is stressed. Funding, training and support needed"</li><li>• "Communication. It is important that everyone who is working with this system understands this system"</li></ul>
<b>3</b>	<b>PCOC Network Capacity</b>	<ul style="list-style-type: none"><li>• "Creating enough capacity in the system (whether in State agencies or at supporting nonprofits) to provide the level of service desired"</li><li>• "Too busy working trying to care for the patients we have"</li></ul>
<b>4</b>	<b>Lack of Available Resources</b>	<ul style="list-style-type: none"><li>• "I think the lack of services to choose from is the biggest challenge I don't think that having someone explain options is our problem"</li><li>• "Demand &gt; Services Available"</li></ul>
<b>5</b>	<b>Challenges with the Eligibility Process</b>	<ul style="list-style-type: none"><li>• "...Distrust of computer systems (UHIP example), fragmented system &amp; fragmented eligibility"</li><li>• "...continued UHIP system issues make it impossible to get correct info"</li></ul>

# Opportunities for Improvement (Q 14)

14 How would you improve Rhode Island Phase I (pre-eligibility and access) implementation strategy and related activities to improve consumer access to LTSS resources and services? (N=31)

## Key Themes

1	<b>Prioritize Outreach &amp; Education Efforts</b>	<ul style="list-style-type: none"><li>• <i>“Partner with community based organizations, BH, home care, to promote the activities and access. Social media. Hard copy pamphlets for wide distribution. Consider that marketing target is also family - adult caregivers. “</i></li><li>• <i>“Ensure engagement with existing service and referral providers who can assist in outreach”</i></li><li>• <i>“Educate Doctors and Hospitals”</i></li></ul>
2	<b>Ensure Well-Resourced Workforce</b>	<ul style="list-style-type: none"><li>• <i>“Providing higher level of service (and more access) will in the end require a larger and better-trained workforce (which will also cost money)”</i></li><li>• <i>“Ensure that the effort is adequately resources to prevent backlogs. Ongoing challenges related to adequate availability of home care workers.”</i></li></ul>
3	<b>Develop Strategies to Address Lack of Resources</b>	<ul style="list-style-type: none"><li>• <i>“There is a health care crisis regarding lack of resources in RI and I believe that should be considered first and foremost..</i></li><li>• <i>“...what the patients needs are the end resources which are in short supply.”</i></li></ul>
4	<b>Streamline Application Process</b>	<ul style="list-style-type: none"><li>• <i>“Recommend leveraging a technology platform to streamline the processes for applications for LTSS resources and services. “</i></li><li>• <i>“Make the Medicaid application process easier and quicker“</i></li><li>• <i>“Allow coverage while you are determining the patient need.”</i></li></ul>
5	<b>Extend Implementation Timeline</b>	<ul style="list-style-type: none"><li>• <i>“It is recommended that timeline for launching the full implementation be extended to incorporate the lessons learned from the pilot, fully test the IT solutions, obtain and incorporate stakeholder feedback, train all agency/partner staff and then launch”</i></li></ul>

# Other Feedback (Q 15)

15

*Is there anything else you would like to tell us that was not covered in this survey? (N=16)*

## Key Themes

1

**Requiring individual receive PCOC prior to applying for Medicaid raises concerns.**

Stakeholders recommend EOHHS revisit a PCOC requirement 12 months after the full implementation and evaluation of Phase I.

2

**Emphasis should be placed on community-based resources outside of Medicaid.**

Current materials appear to focus exclusively on options and processes within the Medicaid system and not the full LTSS system.

3

**Workforce and service capacity issues must be addressed to ensure system-wide improvements and success.**

Stakeholders raised concerns that the State is focusing efforts at the wrong level.

4

**Medical practices and hospitals play a major role in directing individuals in need to nursing homes rather a community-based options.**

The State should consider targeted training and engagement efforts to reach providers.

# Next Steps

- EOHHS appreciates the feedback it received from stakeholders regarding Rhode Island's NWD Strategy and Phase I implementation activities. During the next several months, EOHHS will consider the survey results presented in this presentation as it begins to implement several components of its broader NWD strategy.
- Materials describing Rhode Island's No Wrong Door System Three Phase Strategic Plan and Phase I implementation activities are available online:  
<http://www.eohhs.ri.gov/Initiatives/LTSSNoWrongDoor.aspx>
  - Stakeholder Webinar Presentation and Recording
  - Rhode Island's No Wrong Door System Three Phase Strategic Plan
  - PCOC Operational Manual
  - Fact Sheets
  - Frequently Asked Questions (FAQs)

For questions regarding this effort, please email [OHHS.LTSSNWD@ohhs.ri.gov](mailto:OHHS.LTSSNWD@ohhs.ri.gov).

Survey Respondent Comments

# APPENDIX

# Survey Respondent Comments (Q 13)

## 13. What are Rhode Island's biggest challenges in implementing Phase I activities (e.g., PCOC, marketing and outreach, application materials, etc.)?

### Accessible Consumer Education & Outreach

1. Outreach and engagement
2. Providing easy accessible ways for PCOC to take place. Reducing individual cautiousness about wanting to complete
3. PCOC should be available in person or via telephone. Many older adults do not have internet access
4. Making it understandable
5. it's still overly confusing and not the easiest thing to navigate, plus...
6. Putting together marketing materials and making people aware of this new initiative.
7. I am trying to understand the over arching goal and how you hope to realize the rebalancing of LTC from SNFs into the community. And does PCOC help the consumer to make an informed decision as to whether they can safely remain in the community? With that said, the biggest challenge is understanding the overarching goals, first, before diving into Phase 1.
8. Consumer awareness of new programs...
9. Education
10. Outreach and marketing are the biggest challenges as consumers and families do not know what's available. Also, many discharge planners and SW are uninformed of these programs as well
11. ...Marketing so general population as well as people already receiving LTSS of one kind or another (and those supporting them both natural caregivers and system case managers) know how they can use PCOC at critical junctures
12. Marketing, awareness to all the right stakeholders (ie. hospitals, nursing homes, physician practices) and community based organizations. Often hear "there are no services!"
13. • Consumer awareness • Explaining the benefit of PCOC vs. PCOC = a barrier to obtaining services...
14. Constituent engagement...
15. Based on what has been made available, marketing and outreach would be anticipated to be a big challenge for Phase I activities. Ensuring that the public and consumers are aware of access to these services is critical to the effective use.

### Provider Buy-In, Training, & Coordination

1. Ensuring all community partners are aware of PCOC and know how to coordinate with each other
2. The lack of understanding of private and commercial payors' onboarding processes by prospective and identified options counselors. EOHHS's lack of focus to guide patients on non-Medicaid LTSS, especially skilled nursing and therapeutic HCBS options. EOHHS also needs to identify and resolve burdens placed on HCBS providers to assist patients with Medicaid Program applications and renewal paperwork
3. Communication. It is important that everyone who is working with this system understands this system.
4. Provider buy in. For aging population the system is stressed. Funding, training and support needed.
5. Recruitment / identification / training of PCOC Counselors
6. Ensuring that information shared with consumers is accurate and consistent in every situation.
7. ...employment of appropriately qualified personnel, lessening the administrative barriers to beneficiaries, accurate data collection to ensure quantitatively and qualitative results

# Survey Respondent Comments (Q 13) *continued*

## 13. What are Rhode Island's biggest challenges in implementing Phase I activities (e.g., PCOC, marketing and outreach, application materials, etc.)?

<p><b>PCOC Network Capacity</b></p>	<ol style="list-style-type: none"> <li>1. Creating enough capacity in the system (whether in State agencies or at supporting nonprofits) to provide the level of service desired. So that means enough well-trained staff to keep caseloads at levels required for true improvement in service levels</li> <li>2. Making services truly person-centered, with input from the person seeking services</li> <li>3. ... Service delivery</li> <li>4. Staffing. I would anticipate the PCOC would have a high turn over. Time frame in which applications would be processed for applicants in need of a service. Seems like the state is adding another step in an already time-consuming process. Getting all stakeholders on the same page.</li> <li>5. Too busy working trying to care for the patients we have . Not enough CNAs to care for them. Higher reimbursement needed or CNAs are leaving workforce. How can we take on new patients if there are over a thousand not getting care now?</li> <li>6. RI's biggest challenges to implementing the Phase I activities include: workforce capacity, training, IT implementation challenges, approval and implementation of streamlined DHS application, development and implementation of a marketing campaign and the COVID-19 pandemic.</li> <li>7. Coordination of the multiple doors that exist, and funding to sustain it. Theoretically, this is an excellent and much-needed framework. Operationalization of the plan but will need to be well designed and have supported staff/IT infrastructure for it to function well at full capacity for the public. (In some ways, it almost seems like LTSS should be streamlined to one door - perhaps multiple doors will lead to the one door(s) of EOHHS.) Difficult to say if PCOC should be required - do we have capacity? If it is risk-free of being a step that results in a person not getting needed services - then yes</li> </ol>
<p><b>Lack of Available Resources</b></p>	<ol style="list-style-type: none"> <li>1. I think the lack of services to choose from is the biggest challenge I don't think that having someone explain options is our problem.</li> <li>2. Lack of resources to meet their goals. Lack of cognitive skills and/or chronic pain and illness that cause them to be unwilling or unable to participate.</li> <li>3. <ul style="list-style-type: none"> <li>• Demand &gt; Services Available</li> </ul> </li> </ol>
<p><b>Challenges with the Eligibility Process</b></p>	<ol style="list-style-type: none"> <li>1. language, computer access, multiple challenges to a person's time, distrust of computer systems (UHIP example), fragmented system &amp; fragmented eligibility</li> <li>2. ... continued UHIP system issues make it impossible to get correct info unless you know someone</li> <li>3. ... and simplified application materials for both consumers and Partners/Providers/Direct Service Workers</li> </ol>
<p><b>Other</b></p>	<ol style="list-style-type: none"> <li>1. To deny coverage for a person while you are communicating their options seems shortsighted. I am not convinced that the time delay, especially during COVID time, will not be detrimental to the population</li> <li>2. Rolling this initiative out during the pandemic could be challenging. We find that families are overwhelmed and may not be able to hear the message. Perhaps the same is true with organizations.</li> </ol>

# Survey Respondent Comments (Q 14)

## 14. How would you improve Rhode Island Phase I (pre-eligibility and access) implementation strategy and related activities to improve consumer access to LTSS resources and services?

<p><b>Prioritize Outreach &amp; Education Efforts</b></p>	<ol style="list-style-type: none"> <li>1. Ensure engagement with existing service and referral providers who can assist in outreach.</li> <li>2. Offer marketing materials in different languages, offer training, have a website on PCOC.</li> <li>3. Make sure materials are accessible to everyone.</li> <li>4. Reach out to facilities (hospitals, nursing homes, housing), human service agencies) who will be with a person who needs these supports.</li> <li>5. So pre-eligibility must be what I stated above...helping the consumer to understand whether or not they can safely remain in the community, and if they remain in the community, then what services they would be eligible for. With that said, we need to understand the best way to reach these consumers...is it through our primary care (adult and Peds) infrastructure, perhaps?</li> <li>6. Educate Doctors and Hospitals. Often Doctors fax home care referrals for non-skilled services assuming they are covered but if the person has not applied for LTSS under Medicaid, it isn't. Use home care agencies to help case manage people already in the LTSS system, this will free up case managers at DHS, NHP, and RIPIN allowing more time for PCOC. Condense the application process it takes way too long for a person to become eligible for Medicaid. Hospitals should be discharging all at-risk people with information on all programs available in the community.</li> <li>7. As a case manager, I have not been exposed to this strategy until today. It is important to get the word out!</li> <li>8. Several times there was mention that the CONSUMER (not the caregiver) is the person that will be involved in decisions. While it is important to put preferences of consumer foremost, for some (youth in transition, elders living with family caregivers) the family caregiver and their abilities and /or willingness to support are key in planning and making choices between options. This cannot be overlooked. This should apply whether or not the caregiver is a legal guardian.</li> <li>9. Partner with community based organizations, BH, home care, to promote the activities and access. Social media. Hard copy pamphlets for wide distribution. Consider that marketing target is also family - adult caregivers</li> <li>10. • Training • Increase awareness • Tie to overall systems reform initiatives • Tie to more fundamental changes in LTSS system.</li> <li>11. Clearly state, project plan including but not limited to physical, mental benefits and fiscal goals prior to launch.</li> </ol>
<p><b>Ensure Well-Resourced Workforce</b></p>	<ol style="list-style-type: none"> <li>1. Focus on the core challenge described above. It's clear the workgroup has done a ton to create clearer resources and training materials. But providing higher level of service (and more access) will in the end require a larger and better-trained workforce (which will also cost money). It's absolutely worth the work simply to have better training materials. That will help. But it will only go so far.</li> <li>2. Resolving knowledge gap of EOHHS/DHS drivers of this reform initiative on non-Medicaid LTSS options. Those in the "driver's seat" for reform should experience current options counseling barriers to identify resolution of the challenges addressed in the previous response, such as commercial and private insurance requirements to initiate services, provider administrative burdens that prevent immediate onboarding, documentation burden by all parties involved for initiation and renewal of Medicaid LTSS.</li> <li>3. Give us a dedicated case worker who CARES, stays in touch, and knows the systems.</li> <li>4. Provider focus groups about the needs of the population.</li> <li>5. I would like to see discharge planners, SW and case managers have tools at their finger tips to enable them to refer clients to proper services. A "cheat sheet" or web site such as RI Elder Info, as a one stop shop for information for consumers and professionals.</li> <li>6. Ensure that the effort is adequately resourced to prevent backlogs. Ongoing challenges related to adequate availability of home care workers.</li> </ol>

# Survey Respondent Comments (Q 14) *continued*

## 14. How would you improve Rhode Island Phase I (pre-eligibility and access) implementation strategy and related activities to improve consumer access to LTSS resources and services?

<b>Develop Strategies to Address Lack of Resources</b>	<ol style="list-style-type: none"> <li>1. I believe social workers and case managers who work with applicants for LTCSS programs have knowledge of LTCSS programs in RI and when the calls go to the Point or Sr. Centers, they are directed to CMA's or DHS. There is a health care crisis regarding lack of resources in RI and I believe that should be considered first and foremost.</li> <li>2. Allow coverage while you are determining the patient need. As usual, this seems and added layer when most of the time, what the patients needs are the end resources which are in short supply.</li> <li>3. In my work as a peer advocate, I have come across people who had to wait long periods of time in order to get services they needed. This was distressing for them. People should be able to get the services they need regardless of insurance.</li> </ol>
<b>Streamline Application Process</b>	<ol style="list-style-type: none"> <li>1. Make the Medicaid application process easier and quicker.</li> <li>2. Recommend leveraging a technology platform to streamline the processes for applications for LTSS resources and services. The ability for other community partners to also access or at least connect patients to a way to access this would be very valuable.</li> </ol>
<b>Extend Implementation Timeline</b>	<ol style="list-style-type: none"> <li>1. The activities outlined the Phase I implementation strategy are well articulated and will improve the consumer access to LTSS resources and services. It is recommended that timeline for launching the full implementation be extended to incorporate the lessons learned from the pilot, fully test the IT solutions, obtain and incorporate stakeholder feedback, train all agency/partner staff and then launch.</li> <li>2. I think the pilot of the Phase 1 components is key to success, and response to fixing/modifying activities as needed is a critical step. The plan and activities are well thought through consider many important elements to development, implementation, and sustainability. Ongoing evaluation and monitoring will be critical to success. Thank you</li> </ol>
<b>Other</b>	<ol style="list-style-type: none"> <li>1. Include behavioral health screenings and referrals to providers. Collect data to track trends.</li> <li>2. User friendly, accompany a computer system with support services (online chat function, someone to call, etc.)</li> <li>3. I believe the plan looks thorough, have to trial it and see what barriers may arise.</li> <li>4. It is unclear to me what happens when a person/consumer/potential client comes directly to an organization. Will the PCOC be a required process. I think we want to be careful not to create a more cumbersome process than necessary.</li> </ol>

# Survey Respondent Comments (Q 15)

## 15. Is there anything else you would like to tell us that was not covered in this survey?

<p><b>Requiring individual receive PCOC prior to applying for Medicaid raises concerns.</b></p>	<p>1. It is recommended that EOHHS revisit the requirement for PCOC prior to applying for LTSS 12 months after the full implementation and evaluation of Phase I. It would be helpful to know answers to the following questions. Will the WellSky solution be integrated into RI Bridges or other EOHHS systems? Will the PCOC information be made available to organizations that are responsible for providing care management/care coordination for the population?</p>
<p><b>Emphasis should be placed on community- based resources outside of Medicaid</b></p>	<p>1. It would be good if EOHHS and BHDDH could publicize and have their community partners publicize peer-run services, such as NAMI-RI and Oasis. These organizations provide a low-cost means whereby people living with mental health issues can get needed support from peers. This both saves the state money and gives people living with mental health issues a change to benefit from the experience of peers who have been where they are now, and who have worked on their recovery. These organizations also provide employment to Certified Peer Recovery Specialists, in which Rhode Island is behind the curve in doing. These organizations should be expanded, with CMHO's referring their clients. This both frees up time of mental health clinical providers, and gives these clients a valuable experience, which has been testified to by people who have participated in peer support and found that it has saved their lives and reunited them with their families. People who have passed through Oasis and NAMI-RI have gone on to get Master's Degrees, and work in the mental health field, and have even gone on to own their own business, which they could not have done without the support and experience that these peer-run organizations provided them with.</p> <p>2. I have many more questions and comments on all of your documentation provided. Too many to fit into these boxes. Please consider reaching out to me. As the aging population grows exponentially it is not financially feasible to have everyone on LTSS Medicaid. We must provide individuals the knowledge of other community-based resources that they can access to remain independent for as long as possible. At RI Elder Info our mission is to empower people throughout the aging journey by providing easy one-stop access to a comprehensive suite of information and resources. Our Core Belief is that information is power, and no one should struggle to live a healthy, safe, dignified and happy life from a lack of it.</p> <p>3. How does the state envision "encouraging" Person-Centered Options Counseling for people who are not going through a state application process?</p>
<p><b>Medical practices and hospitals play a major role in directing individuals in need to nursing homes rather a community-based options</b></p>	<p>1. Medical practices and hospitals are the major players that send elders to nursing homes. Skilled rehab social workers work with families on making decisions whether a patient should go to LTC and should be trained in PCOS and given tools with all of the LTCSS programs available.</p>

# Survey Respondent Comments (Q 15) *continued*

## 15. Is there anything else you would like to tell us that was not covered in this survey?

**Workforce and service capacity issues must be addressed to ensure system-wide improvements and success**

1. I believe that the focus should be on getting more home care agencies and/or nursing homes rather than a person to tell consumers about their options. I feel this is already done by social workers and case managers across the state.
2. LTSS system for seniors is stressed beyond breaking. Home Care is a huge area of need -which makes process concerns unattractive.
3. The materials spend a lot of time and energy labelling and drawing distinctions between different types of assistance that can be provided (e.g. "information, referral, and awareness" vs. "intake and screening" vs. "PCOC" vs. "PCC"). For example, most of the fact sheet is dedicated to defining what PCOC is and also what it is not. Many pages of the operations manual are dedicated to the same purpose. In reality, I'm not sure those distinctions are so helpful to the system or to the client's using it. There will always be grey area and overlap. What consumers care about is whether they got the help they needed (from a knowledgeable person) when they needed it. I think it would be helpful for the State to be more clear about answers to some other basic questions, such as: What programs must the PCOC workers be knowledgeable about? How will they become knowledgeable? Who will those workers be (like who will employ them)? To achieve the service model desired, what are reasonable caseloads? Do we have enough trained workers for those caseloads to be realistic? If not, how will we hire, train, support this workforce? How will this all be funded? If it relies on restructuring current funding streams, how will that impact other work this workforce is doing? And as noted in the meeting and above, I remain strongly opposed to making PCOC mandatory before applying for LTSS. The State should first build a system that meets people's needs, that we know is functional, reliable, accessible, before even considering whether to make applicant participation mandatory. The system in real life may look different than on paper, and we need to see the real life system before knowing requiring participation would be helpful or harmful. I also want to clarify that I'm very supportive of this PCOC effort. Lots of Rlers need much more help navigating the system than is currently available, and I know that's the root of the problem we're trying to solve. And I'm already some aspects of the PCOC planning work that are likely to be impactful, including new training materials and the like.
4. This initiative seems to be saying that all people in the categories you mentioned will have access to pcoc and services. There are adults with intellectual disabilities that have never been in the system who don't qualify for services except CNA services which is not what they may need. Also, we went through a big change when NHP came on the scene after many DHS workers were let go (and CAP agencies were tasked with coordinating services. Every single one of these processes lacked due to way too many cases, and when it came down to it, too long waits for services due to a too long process of approval by the state. For example, you have to be at a near nursing home level of care to qualify for comprehensive in home supports yet you cant start the service for 3 months, in which case the person sometimes ends up in a nursing home due to the wait. Also, sometimes the home care agencies do not have enough CNA's to fill hours a person needs. There is also the issue of high CNA and human service provider staff turn over which interferes with consistency and a person's needs being met. It seems we keep making changes at the wrong level. Still, hoping this endeavor will truly improve things and happy to provide any input to help it to succeed

# Survey Respondent Comments (Q 15) *continued*

## 15. Is there anything else you would like to tell us that was not covered in this survey?

<b>Other</b>	<ol style="list-style-type: none"><li><i>1. PCOC should be available to all those without emergency need to access Medicaid LTSS. All of the identified "doors" should have multiple CCHWs trained on PCOC and dedicated to assist patients with all options through onboarding of LTSS, not just point into the right direction and wish them well independent from ensuring their receipt of services needed</i></li><li><i>2. Hoping the state will look to those working in the field for input on how to make these systems effective.</i></li><li><i>3. Advanced Care planning seems like it will be a part of the final stage with the case managers, but may want to consider that earlier, during PCOC as their goals for this may impact their decisions.</i></li><li><i>4. It is not clear what the role of health plans would be in the coverage of services in the future.</i></li></ol>
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